



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

703 JAN 28 19:15

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
CRISTOBAL	SHAWNETTE	KALEONANI	947-5979
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1500 S. BERETANIA SUITE 111	HONOLULU	HI	96826
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
AMERICAN DIABETES ASSOCIATION - HAWAII	947-5979
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1500 S. BERETANIA ST. SUITE 111	HONOLULU HI 96826
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
JOHN COURTNEY Wendy Sefo	947-5979 808-626-4065
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1701 N. Boulevard Alexandria 1500 S. Beretania St. Suite 111 Hon, HI	96826 22311

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	Diabetes related legislation

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

[Signature]

(Signature of Lobbyist)

1/24/03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
WENDY SEFO	EXECUTIVE DIRECTOR
NAME OF ORGANIZATION (if applicable)	TELEPHONE
AMERICAN DIABETES ASSOCIATION - HAWAII	947-5979
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1500 S. BERETANIA ST. SUITE 111	HONOLULU HI 96826
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<i>[Signature]</i>	24 Jan 03
(Signature of Authorizing Officer or Person Represented)	(Date)